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PTO/SB/97 (09-06)

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10/659888

AD6937USNA

RENEWED PETITION TO WITHDRAW HOLDING OF ABANDONMENT UNDER 37 CFR 1.81(a)
COPY OF REQUESTED AMENDMENT PAPERS SENT JAN. 24, 2005 (14 pages)
PETITION FOR ONE-MONTH EXTENSION OF TIME

Page 1 of 18

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PTO/SB/92 (09-04)

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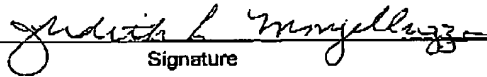
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Amendment

Fee Transmittal Sheet (in duplicate)

Petition for One Month Extension of Time (in duplicate)

Receipt Card

Page 1 of 1

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/659888 Filing Date September 11, 2003 First Named Inventor Edmund Arthur Flexman Et. Al. Examiner Name Judy M. Reddick Art Unit 1713 Attorney Docket No. AD6937USNA	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	120.00	

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 04-1928 Deposit Account Name: E. L. du Pont de Nemours and Company
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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	<input type="checkbox"/> 300	150	<input type="checkbox"/> 500	250	<input type="checkbox"/> 200	100	0.00
Design	<input type="checkbox"/> 200	100	<input type="checkbox"/> 100	50	<input type="checkbox"/> 130	65	0.00
Plant	<input type="checkbox"/> 200	100	<input type="checkbox"/> 300	150	<input type="checkbox"/> 160	80	0.00
Reissue	<input type="checkbox"/> 300	150	<input type="checkbox"/> 500	250	<input type="checkbox"/> 600	300	0.00
Provisional	<input type="checkbox"/> 200	100	<input type="checkbox"/> 0	0	<input type="checkbox"/> 0	0	0.00

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 20 or HP = 20 **Extra Claims** 0 **Fee (\$)** 50.00 **Fee Paid (\$)** _____
 HP = highest number of total claims paid for, if greater than 20
Indep. Claims 3 or HP = 3 **Extra Claims** 0 **Fee (\$)** 200.00 **Fee Paid (\$)** _____
 HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims
Fee (\$) 360.00 **Fee Paid (\$)** _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>100</u>	<u>0</u>	<u>0</u>	<u>250.00</u>	_____

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other: Fee for 1 month extension of time	_____
	120.00

SUBMITTED BY		Registration No.	Telephone
Signature	<u>Tamera L. Fair</u>	(Attorney/Agent) 35,867	(302) 892-7948
Name (Print/Type)	Tamera L. Fair	Date	<u>11/30/05</u>

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